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	Attorney for Plaintiff		
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8	UNITED STATES DISTRICT COURT		
9	SOUTHERN DISTRICT OF NEW YORK		
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12	SABRINA PENCEAL, SHIREEF JONES and KRISTY WALDRIP,	Case No.: 1:13-cv-7572-WHP	
13	Individually and on behalf of all others similarly situated,	NOTICE OF FILING OF CONSENTS TO JOINDER UNDER	
14		29 U.S.C. § 216(b)	
15	Plaintiffs,		
16	VS.		
17 18 19 20 21 22 23	EMPIRE BEAUTY SCHOOL INC., EEG INC., EEG LLC, CHIC SCHOOLS, INC., EMPIRE EDUCATION GROUP, INC., FRANK SCHOENEMAN, MICHAEL D. BOUMAN, REGIS CORPORATION, and "John Doe Entities", name fictitious, name and number unknown, all conducting business as the Empire Education Group, Defendants.		
24			
25			
26	SIRS:		
27	PLEASE TAKE NOTICE that annexed hereto are Consents to Joinder pursuant		
28	to 29 U.S.C. § 216(b) which are to be filed with the Clerk of the Court as of the date		

1	hereof on behalf of Marina F. Morales and Erin Cullen.	
2	Dated:	November 12, 2013
3		
4		Leon Greenberg, Esq.
5		/S/ Leon Greenberg By:
6		Leon Greenberg, Esq. 2965 South Jones Boulevard E-4
7		Las Vegas, NV 89146 (702) 383-6085 leongreenberg@overtimelaw.com Attorney for Plaintiffs
8		leongreenberg@overtimelaw.com Attorney for Plaintiffs
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2	UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK		
3	SABRINA PENCEAL, et al. Docket No.: 13-CV-7572-WHP		
4	Plaintiffs,		
5	VS.		
6	EMPIRE BEAUTY SCHOOL INC., et		
7	al., CONSENT TO JOIN CASE UNDER 29 U.S.C. § 216(b)		
8	Defendants.		
9	By signing below:		
10	1. I agree to join this case under 29 U.S.C. § 216(b) to make a		
11	claim for unpaid minimum wages under the Fair Labor Standards Act;		
12			
13	Empire Beauty School Salon within the three years prior to the date I have signed this consent form and I was not paid		
14	anything, except possibly tips from customers, for that work;		
15	3. Understand that my attorney in this case will be Leon Greenberg of 2965 South Jones Boulevard Suite E-4, Las Vegas, Nevada,		
16	89146, (702) 383-6085, and such other attorneys as he may associate with. I understand my attorney shall only receive a		
17	fee for representing me if money is collected on my claim and the amount of his fee shall be decided by the Court. I		
18	understand that fee, if any, will be paid by defendants in this case or as a percentage of the amount collected for me.		
19	4. I am authorizing the named plaintiffs in this case to act as my		
20	agents and make decisions about this case for me. I also understand that the Court shall have to review and approve any		
21	proposed settlement of my claim and any payment to my attorney.		
22	marini-morales 11/8/13		
23	SIGNATURE Date V		
24	Printed Name Telephone (optional)		
25	2305 Berugn Cart		
26	Mailing Address E —mail (optional)		
27	City State Zip Code Location of Beauty		
28	School You Attended (City, State)		

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2	UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK		
3	SABRINA PENCEAL, et al. Docket No.: 13-CV-7572-WHP		
4	Plaintiffs,		
5	VS.		
6	EMPIRE BEAUTY SCHOOL INC., et al., CONSENT TO JOIN CASE		
7	UNDER 29 U.S.C. § 216(b) Defendants.		
8	X		
9	By signing below:		
10	1. I agree to join this case under 29 U.S.C. § 216(b) to make a claim for unpaid minimum wages under the Fair Labor Standards		
11	Act;		
12	2. State that, to the best of my knowledge, I performed work in an Empire Beauty School Salon within the three years prior to the		
13	date I have signed this consent form and I was not paid anything, except possibly tips from customers, for that work;		
14	3. Understand that my attorney in this case will be Leon Greenberg		
15	of 2965 South Jones Boulevard Suite E-4, Las Vegas, Nevada, 89146, (702) 383-6085, and such other attorneys as he may		
16 17	associate with. I understand my attorney shall only receive a fee for representing me if money is collected on my claim and		
18	the amount of his fee shall be decided by the Court. I understand that fee, if any, will be paid by defendants in this case or as a percentage of the amount collected for me.		
19			
20	4. I am authorizing the named plaintiffs in this case to act as my agents and make decisions about this case for me. I also understand that the Court shall have to review and approve any		
21	proposed settlement of my claim and any payment to my attorney.		
22	Ein Culley 11/5/13 SIGNATURE Date		
23			
24	<u>Erin Cullen</u> Printed Name 856-570-8756 Telephone (optional)		
25	125 Kighland AVR massincullen830 armail		
26	Mailing Address E-mail (optional)		
27	City State Zip Code Location of Beauty		
28	School You Attended (City, State)		